

# Special Health Care Needs: Administrative Guidelines

## INTRODUCTION

The demand for school nursing services has increased in recent years because of increasing numbers of students with special health care needs who present themselves for enrollment in the public schools of Missouri. This influx has occurred, in part, because: medical technology which has led to the survival of children who, in the past, would have succumbed to their illness; because of a growing trend for earlier dismissal from hospitals allowing students to return home and to school while receiving treatment; and a growing trend toward the placement of children with severe disabilities in integrated community settings, including their homes or specialized foster parent homes, rather than in institutions. Special procedures such as suctioning tracheostomies, catheterizations, and others are now being requested in the school – an educational setting, not a medical setting.

These trends are supported by federal statutes that pertain to the treatment of children with disabilities. Section 504 of the Rehabilitation Act of 1973 prohibits discrimination against persons with handicapping conditions, or persons who are regarded as handicapped, by recipients of federal funds. School districts must make reasonable accommodations to make their programs and services available to such students. Section 504 provisions are important because the definition of children with handicapping conditions is broader than the definition of such children under the Individuals with Disabilities Education Act (IDEA). Thus, a child may be eligible for certain services under Section 504, but not be eligible for special education under IDEA. Section 504 does not require an Individual Education Plan (IEP) but does require a written plan for accommodation. It is recommended that the district document that a group of individuals familiar with the student's needs meet and identify the needed services.

IDEA is the second federal statute that pertains to the issue of school health services. This statute requires local school districts to provide a “free appropriate public education” for eligible children through the provision of special education and related services. Related services have been defined by regulation and by court decisions to include school health services. Criteria for required services include:

1. Can be learned in a reasonable amount of time;
2. Should not require the presence of a physician, medical judgment from extensive medical training, or an undue amount of time to perform;
3. Must be provided or performed during the school day for the pupil to attend school or benefit from his/her educational program; and
4. Must be ordered by a licensed physician or surgeon.

The variety of procedures described in these guidelines would clearly be included in the definition of services under IDEA; and therefore, may be the responsibility of school districts to provide when they are determined to be necessary for a child with a disability to benefit from the special education program, as determined by the IEP.

Source: Pages A-29 through A-76 were taken from the “Manual for School Health Programs” (June 2005). Missouri Department of Elementary and Secondary Education and Missouri Department of Health and Senior Services. Retrieved from the Web June 29, 2006. <http://www.dhss.mo.gov/SchoolHealth/ManualForSchoolHealth.pdf>.

Providing special health care needs children with related services by utilizing a comprehensive approach to their chronic and disabling conditions will afford them the best opportunity to achieve their maximum potential.

-- American Academy of Pediatrics

Quality health care is in the best interest and safety of the students and supports the optimal educational experience. This health care is best provided in the school through assessment, planning, and monitoring by a registered nurse, in collaboration with the student's primary physician. Districts enrolling students with complex medical needs must have access to this type of health care management in order to safely provide for the student's special needs.

## **Purpose**

These administrative guidelines have been developed in order to assist school districts who serve students with complex medical conditions in making informed decisions regarding the delivery of health services at the school. Students with complex medical conditions may be medically unstable, have unpredictable responses to medication or treatment, may need care requiring professional judgment to modify a necessary procedure, or require medication decisions at school. This type of care should be managed by a registered nurse and may include activities that cannot be delegated. Students with non-complex medical conditions may require procedures that can be performed safely as outlined in special procedural guidelines, with no need for alterations requiring medical judgment. This type of care could be safely delegated by the registered nurse to properly trained personnel. (See Appendix C.1 on pages A-37-38 for the National Association of School Nurses Position Statement on Case Management of Children With Special Health Care Needs; Appendix C.2 on pages A-39-40 for their Position Statement on School Nurse Role in Care and Management of the Child With Diabetes in the School Setting; and Appendix C-3 on pages 41-42 for their Consensus Statement on Safe Delivery of Care for Children with Diabetes in Schools.)

## **Determination of Services Required**

Districts without school nursing services should consider contracting with the local community health nurse to provide assessment, determine required services, and identify who can safely provide the care. This determination is based on the nurse's evaluation of a number of variables specific to each student. These variables include, but are not limited to:

- Number of medications, action, dosage, side effects of each drug, and the route of administration;
- Utilization of medication on as-needed basis (PRN);
- Nature, frequency, and complexity of prescribed treatments the student requires and the assessment needed for PRN treatments;
- Complexity and acuteness of the observations and judgments the care provider must make.
- Stability of the student's medical condition (i.e., can the student's condition change dramatically to life-threatening within a few seconds/minutes?);
- Current specialized knowledge base and proficiency of psychomotor skills required by the proposed care provider;
- Specific student's ability to communicate his/her needs to the care provider; and
- Level of preparation and experience of the designated direct care provider.

## **Identification of Care Providers**

A *Technical Skills Chart* (See Appendix E.1 on pages A-53-58) will assist school districts in clarifying the roles of the school nurse and other school personnel who might be directly involved in providing the health care requested in the school setting.

School districts without the services of a registered nurse should use the *Technical Skills Chart* in determining what additional personnel might be needed to safely provide the care needed. Special care procedures also include the administration of medication. Factors to be considered when determining who can safely provide the services include:

- Stability of student's condition;
- Complexity of the tasks;
- Level of judgment required to determine how to proceed from one step to the next, and
- Level of judgment and skill needed to safely alter the standard procedure in accordance with the needs of the student.

## Competencies of Personnel

The registered nurse should take the responsibility to determine who is competent to provide the needed care. Appendix E.2 on pages A-59-60 provides a description of the competencies recommended for different levels of personnel. The delegation and supervision by registered nurses of unlicensed assistive personnel (UAP) assisting with the student's care is a major concern and is controlled by the Missouri State Board of Nursing and the Board of Healing Arts. The Technical Skills Chart indicates those procedures that should never be delegated. The registered nurse, by law, can perform those procedures for which she has the skill and education. In some of the more complex tasks, there will need to be training for the registered nurse provided by a physician, a clinical nurse specialist from a tertiary care center and the parent/guardian. Parent(s)/guardian(s) have learned to perform the procedures required by their child and take the responsibility for their care 24-hours per day. They should be involved in the selection and training of school personnel to whom this care is delegated, indicate that they understand who will perform the procedure and be satisfied with the task mastery of the care provider. See Appendices C.4 through C.8 on pages A-43-51 for position statements of the Missouri State Board of Nursing and professional school nursing organizations regarding delegation and the use of unlicensed assistive personnel.

## Documentation of Plans of Care

There are a variety of plans that may be required for students with special needs. These plans must be developed by a registered nurse and may include activities to be delegated in the implementation of the plan. The types of plans include:

- Emergency Action Plan;
- Asthma Action Plan/Asthma Quick Relief and Emergency Plan;
- 504 Accommodation Plan;
- Individual Healthcare Plan (IHP); and
- Healthcare Action Plan (HAP).

## Emergency Action Plan

The needs of a student with a condition that may become life-threatening, i.e., severe allergic response, diabetes, prolonged seizures, etc., require a written plan or protocol for the school district personnel who may be called upon to respond (see Appendix E.3 on page A-61). The protocol would include:

- Definition of medical emergency for this student;
- Specific actions to be taken in the emergency, based on the signs and symptoms present;
- List of individuals to be notified when this emergency occurs; and
- Transportation procedures (see Appendix E.4 on pages A-63-64).

These student-specific emergency plans should be shared with teaching staff and other school personnel, including ancillary staff such as cafeteria workers, custodians and bus drivers, if indicated. See Appendix E.3 on page A-61 for a sample *Emergency Plan* format. If the student is transported daily, specific training and plans should be provided to bus drivers. See Appendix E.4 on pages A-63-64 for a sample *Transportation Plan* format.

## Section 504 Accommodation Plan

The school nurse is often the one who identifies the need for a 504 Accommodation Plan to address the health needs of a student on a temporary or permanent (school year) basis. The need may relate to mobility, access to care, classroom adaptations, etc. The nurse may need to advocate for the accommodation. The plan should be developed by a group of individuals aware of the need for accommodation to assure the student is getting the best possible access to learning (see Appendix E.5 on page A-65 for sample Section 504 Accommodation Plan).

## **Individual Healthcare Plan (IHP)**

Students with special health care needs benefit from the development of an Individual Healthcare Plan (IHP) to guide nursing interventions, based on nursing diagnoses. This is a nursing care plan that has student-centered goals and objectives, and describes the nursing interventions designed to meet the student's short and long-term goals. IHPs are useful when the nurse is assisting the student to:

- Become better educated about their special health care need;
- Develop more self-care activities;
- Address health-related absenteeism; and
- Cope more effectively with their condition/disease.

The student, parent/guardian, and/or health care provider should be involved in the development of the IHP (See Appendix E.6 on page A-67 for a sample IHP). The IHP may be considered a contract between the student, the family and the nurse in order to accomplish specific outcomes for the student. Not all students with a special health care need will require an IHP, only those with whom the nurse or UAP provides significant intervention, has health needs addressed on a daily basis, or as part of their IEP or 504 plan. Medications are a special health care need, but only those students requiring medication administration that cannot be delegated (oral meds that require nursing assessment before administration, or requiring alternative routes of administration, i.e., injectables) would require a written plan.

## **Healthcare Action Plan (HAP)**

It is essential to have a healthcare action plan for students with significant special needs and requiring specialized procedures (See Appendix E.7 on pages A-69-72 for a sample HAP). This plan serves as a written agreement with the student's parent/guardian, health care provider and school personnel. The plan outlines how the district intends to meet the student's health care needs and is based on the student's medical diagnosis. This plan is different from the IHP designed for nursing interventions and based on nursing diagnoses. This healthcare action plan provides for effective and efficient planning and protects both the student and the school personnel. Components of the HAP should include:

- Pertinent information about the student, i.e., names of parent(s)/guardian(s), addresses and phone numbers;
- List of key personnel, both primary care providers and school personnel;
- Emergency information;
- Emergency action plan (potential child-specific emergencies);
- Background information, i.e., medical history, summary of home assessment, self-care, family and lifestyle factors, baseline health status, required medications and diet, and transportation needs;
- Licensed health care provider's orders for medications, treatments, or procedures;
- Parent/guardian authorization for special health care;
- Plan for specific procedures, with list of possible problems encountered;
- Daily log for procedures; and
- Documentation of training if procedures are delegated.

Students who are in special education and have an individual education plan (IEP) should have their HAP, emergency action plan or individual healthcare plan (IHP) referenced in the IEP; and components may be incorporated in the IEP if there are services or learning needs that are appropriate for inclusion, and the parent agrees to the inclusion.

# Guidelines For Developing Healthcare Action Plans

## PURPOSE

Enrollment of students with special healthcare needs in the school setting presents a challenge to students, families, and school staff. Development of a healthcare action plan provides for effective and efficient delivery of services that promotes school success for the student and reduces the liability of the school district.

## RESPONSIBILITIES

### Parent/Guardian

The parent(s)/guardian(s) have the most information regarding the unique needs of their child and they should play a major role in the development of the healthcare action plan. This role includes:

1. Being an advocate for their child;
2. Providing access to healthcare providers for information and orders needed for medications and treatments;
3. Participating in the identification and training of providers in the school setting for child-specific procedures;
4. Providing equipment and supplies needed for procedures;
5. Approval of the healthcare and emergency plans; and
6. Notifying the school nurse of changes in the student's condition, healthcare providers or healthcare needs.

### Administrator

The administrator has the overall responsibility to ensure the student's needs are met in order to benefit from the educational experience and to comply with state and federal laws regarding services for children with handicapping conditions. This role includes:

1. Reviewing the appropriate health and education assessments to determine the needs of the student in the school setting;
2. Providing adequate staffing to address the student's education, health needs, and transportation;
3. Providing time and support for training for registered nurses and other staff, as indicated;
4. Informing the Director of Transportation of the student and the potential needs for healthcare. Providing a copy of the emergency and transportation plans, and arranging for any needed inservices;
5. Managing potential environmental concerns, such as:
  - Informing all personnel, including lunchroom and playground staff of potential environmental concerns;
  - Special equipment needs, such as a wheelchair ramp;
  - Extermination of insects to safeguard students from possible insect bites and stings;
  - Procedures to restrict exposure to chemical materials;
  - Emergency power supply for life-sustaining equipment; and
  - Need for appropriate power outlets for healthcare equipment.
6. Assessing the potential need for available emergency services:
  - Local emergency unit – level of training;
  - Average response time to school site;
  - Cost of transportation; and
  - Flight rescue availability – cost, time from hospital.
7. Communicating with parent(s)/guardian(s):
  - Need to participate in development of plan, express concerns;
  - Expected costs and who will be responsible; and
  - Ensure parent(s)/guardian(s) have supplied the necessary emergency information.

## School Nurse

The school nurse uses her knowledge, experience and expertise in assuring that the student's health care needs are met in a safe, effective manner, acceptable to the student and his/her family. This role includes:

1. Reviewing the emergency and/or health information and determining which students will require a healthcare action plan;
2. Obtaining significant health data on identified students;
3. Completing a nursing assessment and summarizing data. This database should include:
  - Age of student at onset of condition;
  - Description of condition/course of illness;
  - Summary of treatment;
  - Other significant illnesses and allergies;
  - Date last seen by health care provider for noted condition;
  - Name, address and phone numbers for health care provider;
  - Information required to develop an Emergency Action Plan, if needed:
    - a) What constitutes a medical emergency for this student?
    - b) Preferred hospital for emergency treatment; and
    - c) Orders, supplies or medications needed for this medical emergency; and
  - Health care procedures required, including:
    - a) Orders for medication and treatments;
    - b) Identification of care provider;
    - c) Needed equipment; and
    - d) Responsibility for maintenance of equipment (See Appendix E.8 on page A-73 for *Care of Equipment*).
4. Securing signed release of confidential health information for all sources of significant medical information.
5. Developing and implementing the healthcare action plan to be carried out at school. This plan should include situations that might arise while the student is on the bus, on field trips, during safety drills, and in the event of a disaster. This plan should include the following components:
  - Student identification data and date of plan;
  - Description of the health condition and possible effect on the student. If multiple problems exist, list each as a separate problem in the healthcare action plan;
  - General guidelines for determining action by school personnel;
  - Procedures to be followed;
  - School personnel to be trained in student-specific procedures and problem management; and
  - Providing a plan typed and signed by nurse, parent(s)/guardian(s), and administrator.
6. Sending healthcare action plan to physician for review and comment (See Appendix E.9 on page A-75 for *Sample Letter to Physician*).
7. Filing healthcare action plan in student's record and notes on emergency action care plan that a healthcare action plan is on file, and the location of copies of the plan.
8. Assure plans and procedures are consecutive with current standard of practice.

## Resources for Special Health Care Needs

### **The School Nurse's Source Book of Individualized Health Plans, Vol. I, II**

Mary Kay Hass, Edition, Volume I	\$39.95 per book ( <i>plus shipping and handling</i> )
Volume II	\$44.95 per book ( <i>plus shipping and handling</i> )
Computerized version (Volume I & II)	\$84.95 per CD ( <i>plus shipping and handling</i> )
Sunrise River Press (800-895-4585)	

### **Managing the School-Age Child with a Chronic Health Condition**

Georgianna Larson, Editor	\$29.95 ( <i>plus shipping and handling</i> )
Sunrise River Press (800-895-4585)	

### **Children & Youth Assisted by Medical Technology in Educational Settings**

#### **Guidelines for Care 2nd Edition**, (with detailed procedures and documentation forms)

Project School Care, Boston Children's Hospital	
Paul Brookes Publishing Co. (410-337-9580)	\$53 (plus shipping and handling)

### **Computerized Classroom Health Care Plans for School Nurses – 3rd Edition**

(Comes with manual and more than 100 different care plans on disk and hard copy)

JMJ Publishers	\$89.00
1156 Wilson Ave.	
Salt Lake City, UT 84105	
(801-467-5083 or 801-487-3017)	

Many resources like this are also available from various school health supply companies.



# National Association of School Nurses

## Position Statement

### Case Management of Children With Special Health Care Needs

#### **History:**

Both the historic and contemporary role of the school nurse has included case management for children with special health needs. Delivery of health care in the school setting requires the coordination of multiple health and non-health related services. The school nurse has the knowledge, skills, judgment, and critical thinking inherent in nursing education and authorized through nursing licensure to perform efficiently in the role as case manager.

#### **Description of Issue:**

In 1975, legislation was passed that mandated all children, including those with special health care needs, be educated with their peers. Since then, children with more and more complex health care needs have been attending schools throughout the United States (Gelfman, 2001; Gelfman & Schwab, 2001). A partnership among health care providers, students, their families and the school system is essential to provide a smooth transition from home or hospital to school. To enhance this collaborative effort, it is essential for a school-based care manager to oversee the care provided on a case-by-case basis. The school nurse is the logical person to provide this oversight in the school setting, ensuring that the student has access to optimal health and educational success.

#### **Rationale:**

Case management is intrinsic to the school nurse's job. School nurses function in the roles of community liaison, health and illness information interpreter to school personnel, direct and indirect care provider, student advocate, and educator to students, families, and school personnel. The school nurse is often the only person in the school setting with medical knowledge about the implications of a child's health status, knowledge of existing health care resources in the community, and understanding of how to access needed health services. The school nurse also has knowledge about the school environment and its potential barriers and facilitators to delivering health services and the provision for optimal educational opportunities.

#### **Conclusion:**

Case management of children with special health care needs involves various activities designed to ensure the health and educational success of the child at school. It is the position of the National Association of School Nurses that the school nurse has the knowledge, experience and authority to be the case manager for children with special health care needs. This includes, but is not limited to, the following:

- Being knowledgeable about the services needed by students with special health care needs after collaboration with the student, family and health care provider
- Being knowledgeable about services available in the community and assisting families in obtaining needed services
- Screening for students who would qualify and benefit from case management services for their health care needs
- Providing leadership in interdisciplinary team meetings to assist in planning needed services to meet the health and educational needs of the students
- Implementing the health team's plan of care, by providing either direct or indirect care
- Coordinating continuity of care between home and the school

- Monitoring and evaluating interventions and implementation of the health care plan
- Coordinating continuity of care between home and the school
- Monitoring and evaluating interventions and implementation of the health care plan
- Monitoring and evaluating progress toward identified health and educational goals
- Training, monitoring, and evaluating personnel delegated to perform specific nursing care

A case management team is essential in ensuring care is provided in a coordinated and effective manner for students with special health care needs. The school nurse must assume the leadership position as case manager in this process. The school nurse, in the role of case manager, provides oversight of care and services and serves as the point of contact for communication among the student, family, school staff, and health care provider.

*Adopted: June 1995*

*Revised: October 2002*

Retrieved July 12, 2006 from National Association of School Nurses website.

<http://www.nasn.org/Default.aspx?tabid=208>.

# National Association of School Nurses

## Position Statement

### School Nurse Role in Care and Management of the Child With Diabetes in the School Setting

#### **History:**

Diabetes is a common chronic disease of childhood, and most children with diabetes attend school and/or daycare. About 1.7 per 1000 children under age 20 have type 1 diabetes; and about 13,000 new cases of type 1 are diagnosed annually. In addition, children are now being diagnosed with type 2 diabetes, a disease once found only among adults. The reasons for this alarming increase appear to be linked to the rise in childhood obesity and the decline in physical activity. Still, not all people with type 2 diabetes are overweight. At risk populations for type 2 diabetes include African Americans, Native Americans, Hispanic Americans, and Asian Americans.

#### **Description of Issue:**

Each student with diabetes is unique in regard to his or her disease process, developmental and intellectual abilities, and levels of assistance required for disease management. Schools must ensure full participation in academics and provide a safe environment for all students. The student with diabetes presents several variables that could be barriers to full participation if not fully addressed.

The goal of diabetes medical management is to maintain blood glucose levels at or near normal range. Poor or insufficient medical management of diabetes allows fluctuating levels of blood glucose. This fluctuation can lead to immediate consequences in the classroom as well as long-term complications such as damage to the eyes, kidneys, nerves, gums, and blood vessels. Low glucose levels can cause immediate concern with symptoms of pallor, diaphoresis, and a decrease in cognition. If not treated immediately low glucose levels can progress to unconsciousness and death. Despite a quick and favorable response to treatment for a low glucose episode, cognitive ability can remain impaired for several hours. High glucose levels may also present a medical risk to students in the school setting.

To achieve the goal of optimal diabetes medical management the student may need access to a variety of diabetes supplies and may need to perform multiple tasks during the school day. Management strategies for a student with diabetes should be developed considering the knowledge base of the student, developmentally appropriate tasks, the availability of professional staff, and the logistics of the school building. In addition, the student must have access to glucose monitoring equipment, oral or injectable medications including insulin and glucagon, nutritional supplements such as snacks and a fast acting source of glucose, knowledge of the equipment used in their diabetes management (syringes, insulin pen, insulin pump, etc.), a documentation system for blood glucose readings and insulin dosage, and access to a bathroom. A goal of allowing the student to self-manage his or her disease following an individually prescribed regimen in a seamless unrestricted fashion between home and schools is critical to maintaining near normal blood glucose levels.

Knowledgeable personnel must be available at all times including during extra curricular activities and field trips to assist students in managing their diabetes and to respond to emergencies. By having personnel available, medical, academic, and/or behavioral consequences of poor blood glucose control evident in the classroom as well as long-term health effects can be minimized or avoided.

**Rationale:**

Both high and low blood glucose levels affect the student's ability to learn and endanger the student's health. Glucose levels should be as close to the desired range as possible for optimal learning and testing of academic skills. Recent research indicates that maintaining the glucose levels within a narrow range can prevent, reduce, and/or reverse long-term complications of diabetes. The school nurse, as a skilled professional, is in a unique position to provide early identification of children who exhibit symptoms of diabetes and initiate the referral process.

Managing diabetes at school is most effective when the entire school community is involved - school nurses, teachers, counselors, coaches, parents, medical home, and students. The school nurse can provide the coordination needed to elicit cooperation from the school community in assisting the student with diabetes toward self-management of diabetes. The school nurse can be instrumental in preventing and managing emergency conditions that can result from glucose fluctuations by instructing the entire school team on basic diabetes information and management. Emergency conditions are not necessarily the result of a lack of management. Factors such as illness, hormones, or stress may cause a student who closely follows a prescribed regimen to experience an emergency situation. The student with diabetes requires the professional supervision of the school nurse to enhance their self-care skills.

**Conclusion:**

It is the position of the National Association of School Nurses that school nurses have the professional skills needed to assess and support the child with diabetes in the school setting. School nurses are uniquely prepared to provide information to the multidisciplinary team to develop a 504 Plan or Individual Education Plan/Individual Family Service Plan (IEP/IFSP). The school nurse is the key person to implement this plan. While a 504 or IEP/IFSP diabetes health plan may take into consideration management strategies preferred by the student, their family and medical home, it must also conform to state and federal guidelines, as well as the state nurse practice act and the related rules for delegation.

Further, it is the position of the National Association of School Nurses that schools have a basic duty to ensure that the medical needs of students are addressed in the school setting. Under the direction of the school nurse, management strategies may be incorporated in a seamless fashion between home and classroom to help the student with diabetes stay healthy, be academically focused and participate in all desired academic and extra curricular activities.

*Adopted: November 2001*

Retrieved July 12, 2006 from National Association of School Nurses website.  
<http://www.nasn.org/Default.aspx?tabid=216>.

# National Association of School Nurses

## Consensus Statement

### Safe Delivery of Care for Children With Diabetes in Schools

This Consensus Statement was developed to address the needs of a child living with diabetes for management and safe delivery of care during the school day. The care of children with diabetes is a mutual concern of many children, parents, educators, health care providers and health organizations. We are interested in working with these individuals and groups to find the best solution for providing these services.

- Diabetes is a health concern requiring daily, long-term, comprehensive, safe management. Students with diabetes must have appropriate management in school:
  - ✓ To promote the safety of students in the school setting;
  - ✓ To reduce the number of emergency situations;
  - ✓ To quickly manage emergency situations that may develop;
  - ✓ To minimize the long-term negative effects of diabetes; and
  - ✓ To support the students' academic success.
- Schools are responsible for providing the health needs of students.
  - ✓ Two federal laws provide the right to services to students who need health services during the school day to remain in school: IDEA and Section 504 of the Rehabilitation Act.
  - ✓ Case law has consistently supported the need for schools to provide these services.
- State nurse practice acts define the scope of nursing practice. They are put in place to protect the public and provide a standard of care that can be expected by all.
  - ✓ Nurse practice acts vary from state to state and delineate what, if any, nursing functions may be delegated, and the conditions under which they may be delegated.
  - ✓ In some states, it is a clear violation of the nurse practice act to delegate to anyone other than another nurse.
  - ✓ Tasks that involve assessment or judgment are nursing functions that cannot be delegated.
- Delegation is the transfer of responsibility for the performance of an activity to another, while retaining accountability for the outcome.
  - ✓ The nurse is responsible for determining the appropriate level of care needed for the individual student, including whether the task can be delegated. Each child responds differently to the changes that occur in growth and health status. The delegation function requires that the nurse individualize each child's care and does not allow generalizing care.
  - ✓ By definition, a delegated nursing service requires that the nurse train and supervise the person providing the service. The performance of the task must be periodically evaluated and documentation of the training and evaluation are required.
  - ✓ Furthermore, the delegation of care provides a system for a trained person to contact the nurse for interpretation or questions.
  - ✓ General monitoring and standardized tasks that do not require assessment or judgment may be delegated to non-medical persons.

- Healthy People 2010 Objectives for Improving Health states, “Increase the proportion of the Nation’s elementary, middle, junior high, and senior high schools that have a nurse-to-student ratio of at least 1:750”. The supporting rationale for the objective includes this statement, “Nurses manage care and provide services to support and sustain school attendance and academic achievement.”
- The Individual Health Care Plan is a description of the nursing interventions that the student needs for care during the school day. The plan reflects the individual needs and competencies of the student at a particular period of time. The school nurse in developing the IHP:
  - ✓ Assesses the developmental, cognitive, and physical status of the student to determine the ability of the student to independently manage the care of their health. The younger, less experienced, or newly diagnosed student may require more assistance with diabetes management;
  - ✓ Identifies the medical interventions the student’s physician has ordered;
  - ✓ Determines the nursing interventions needed based on the health and developmental status of the student;
  - ✓ Establishes the interventions provided at school, which may include blood glucose monitoring, insulin administration, dietary intake, instruction in identifying signs of and response to hypoglycemia or hyperglycemia, instruction in how to perform a blood glucose test, and instruction in how to administer insulin;
  - ✓ Prepares an Emergency Health Plan; and
  - ✓ Assists the student to determine realistic and achievable personal goals to attain self-care and independence in the management of their health.
- Unlicensed staff and volunteers who receive training regarding general diabetes management without regular professional supervision are not a safe and appropriate management system for children with diabetes.
  - ✓ Non-medically trained school staff may be well intentioned, but may not have the competence, skills, or availability to handle the responsibility and complexity of responding to the needs of students with diabetes.
  - ✓ Model legislation promoting volunteers to provide care for students with diabetes has a provision that protects school districts and school employees from liability for civil damages if they act “as a prudent person would.” It does not exempt the school district or employees from charges of negligence, a standard that is often easy to reach.
  - ✓ Minimally trained, non-medical personnel and non-supervised volunteers lower the standard of care and may jeopardize the health and safety of students with diabetes.

*Adopted: January 12, 2005*

# Missouri State Board of Nursing

## Position Statement

### Utilization of Unlicensed Health Care Personnel

The mission of the Missouri State Board of Nursing is to assure safe and effective nursing care in the interest of public protection. The Board of Nursing has the legal responsibility to regulate nursing and provide guidance regarding the utilization of unlicensed health care personnel. The Board acknowledges that there is a need and a place for competent, appropriately supervised unlicensed health care personnel to assist, but not replace, licensed nurses.

Unlicensed health care personnel who perform specific nursing tasks without benefit of instruction, delegation and supervision by licensed nurses may be engaged in the practice of nursing without a license. Such actions by unlicensed health care personnel are a violation of the Missouri Nursing Practice Act [335.066 (10), RSMo]. Unlicensed health care personnel remain personally accountable for their own actions.

The Missouri Board of Nursing recognizes that activities of unlicensed health care personnel need to be monitored to protect the health, welfare and safety of the public. Registered nurses may teach, delegate, and supervise licensed practical nurses and unlicensed health care personnel in the performance of certain nursing care tasks [335.016 (9)(e), RSMo; 4 CSR 200-5.010 Definitions]. Under the direction/supervision of registered professional nurses or persons licensed by a state regulatory board to prescribe medications and treatments, licensed practical nurses may teach, delegate, and supervise unlicensed health care personnel in the performance of specific nursing care tasks [335.016 (8), RSMo; 4 CSR 200-5.010 Definitions].

Registered professional nurses and licensed practical nurses must make reasonable and prudent judgments regarding the appropriateness of delegated selected nursing care tasks to unlicensed health care workers. Licensed nurses must ensure that unlicensed health care personnel have documented, demonstrated evidence of appropriate education, training, skills and experience to accomplish the task safely. Carrying out responsible and accountable supervisory behavior after specific nursing tasks are delegated to unlicensed health care personnel is critical to the health, welfare and safety of patients [335.016 (9)(e), RSMo; 4 CSR 200-5.010 Definitions]. Licensed nurses who delegate retain accountability for the tasks delegated.

To assist licensed nurses to competently perform the critical processes involved in delegating, the Missouri State Board of Nursing subscribes to the use of the National Council of State Boards of Nursing's concept paper on delegation and delegation decision-making tree provided as Appendix C.8 on page A-51.

--MSBN 10/8/92  
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<http://pr.mo.gov/nursing-focus-position.asp>



# The National Association of State School Nurse Consultants, Inc.

## Position Statement

### Delegation of School Health Services

#### Position

The National Association of State School Nurse Consultants (NASSNC) recognizes that:

- School nursing services are essential for the health, rehabilitation and well-being of the student population in order for them to benefit from educational programs and to maximize energy for learning.
- Both the volume and range of nursing services that must be provided at schools has increased dramatically over the past decade.

As a result, certain aspects of student care may need to be delegated to licensed practical nurses (LPNs) or unlicensed assistive personnel (UAPs). In order to ensure quality and the safe provision of services as necessary for students with health and nursing care needs, NASSNC believes these services should either be directly provided by school nurses who are licensed registered nurses (RNs) and or delegated by the RN to qualified paraprofessionals or unlicensed assistive personnel (UAPs) in accordance with the state nurse practice act. The RN must determine which student care activities may be delegated, under what circumstances it is appropriate to delegate aspects of student care, and by whom the delegated portions of care can safely be provided. The RN is responsible for the assessing, planning, training, supervising, and evaluation of the unlicensed assistive personnel (UAPs).

#### Rationale

More students with special health care needs are now attending school and placing new demands on school districts. As a result, local school boards must provide sufficient staff and resources to safely meet the needs of students with chronic or urgent care needs by providing a level of school health nursing services previously not required. Ancillary staff may be useful in some settings in meeting these growing needs. However, safe care for students must be the priority. When all or a certain part of a student's nursing care is delegated by an RN, the performance of the activity or procedure is transferred to another person, but the RN retains the accountability for the outcome. This is similar to the assignment of certain tasks to a classroom assistant while the teacher retains responsibility for the learning outcome.

School administrators are legally responsible for the safety of all students, including the provision of required health services by qualified staff. They have certain responsibilities regarding the educational placement of students but they cannot legally be responsible for deciding the level of nursing care required by an individual student with special health care needs. The RN, based on his or her knowledge, and in accordance with the state's nurse practice act and related state rules and regulations, is responsible for determining whether care should be provided by a licensed nurse or delegated to a trained and supervised unlicensed assistive personnel. Use of non-qualified school staff risks harm to students. In addition, non-licensed school staff can be held liable for their actions if they practice nursing or medicine without a license authorizing such practice.

By professional and legal mandate, RNs are ultimately responsible for the quality of nursing they provide and are personally and professionally liable for all errors in nursing judgment. If the RN's actions violate the requirements of the nurse practice act, the state board of nursing can take disciplinary action against the RN, including revocation of his/her license to practice nursing.

## Definitions

*Delegation* is “the transfer of responsibility for the performance of an activity from one individual to another, with the former retaining accountability for the outcome” [American Nurses Association, (ANA), 1994, p. 11].

*Licensed Practical Nurse (LPN) or Licensed Vocational Nurse (LVN)*: minimal educational preparation, graduate of a technical program, licensed by the state.

*Unlicensed assistive personnel (UAP)*: “individuals who are trained to function in an assistive role to the registered professional nurse in the provision of [student] care activities as delegated by and under the supervision of the registered professional nurse” (ANA, 1994, p. 2).

*Qualified School Nurse*: “registered nurse (RN), minimum educational preparation: Baccalaureate Science in Nursing (BSN), licensed by the state. National certification preferred. School nursing is a specialized practice of professional nursing that advances the well-being, academic success, and life-long achievement of students. To that end, school nurses facilitate positive student responses to normal development; promote health and safety; intervene with actual and potential health problems; provide case management services; and actively collaborate with others to build student and family capacity for adaptation, self-management, self-advocacy, and learning (NASN, 1999).

*Supervision* is “the active process of directing, guiding, and influencing the outcome of an individual’s performance of an activity” (ANA, 1994, p.10).

## Summary

The National Association of State School Nurse Consultants believes that schools have an obligation to ensure the quality and safe provision of school nursing services as necessary for the health, rehabilitation and well-being of students with health impairments. Therefore, services should be provided by qualified nursing personnel and with utmost regard for protecting the student. School nursing services should either be directly provided by licensed professional (RN) school nurses or delegated by the RN to qualified paraprofessionals or trained unlicensed assistive personnel (UAPs). In either case, the RN retains accountability for the outcome.

*Approved: July 1995 || Revised: September 1998, April 2000*

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[http://www.tjcats.net/nassnc/040817/nassnc/NASSNC\\_del-unlic.html#DELEGATION](http://www.tjcats.net/nassnc/040817/nassnc/NASSNC_del-unlic.html#DELEGATION)

# National Association of School Nurses

## Position Statement

### Using Assistive Personnel In School Health Services Programs

**History:**

The health-related needs of students are intensifying in our nation's schools. Student safety is the primary concern in determining whether or how assistants should be used to help professional school nurses to deliver increasingly needed health services to students.

**Description of Issue:**

Assistive personnel serve as school nurse extenders by supporting the nurse in the health office, performing clerical functions, and carrying out delegated nursing activities on behalf of students. State nurse practice acts and regulations promulgated pursuant to practice acts determine the scope of nursing practice and what nursing activities can be delegated or given to assistive personnel. People employed by the school district may have partial or total responsibility for assisting the licensed, registered professional school nurses. These support staff include: unlicensed assistive personnel (UAP), such as school staff, clerical aides, and health/nursing assistants or aides (HA); licensed paraprofessionals, known as licensed practical nurses (LPN) or licensed vocational nurses (LVN); and registered nurses who do not meet their state's or school district's requirements for qualification as a school nurse. Each type of support staff has unique qualities and limitations as described below:

1. School staff whose job is to deliver, support or manage education are the least qualified to assist the school nurse in providing physical health care to students. They lack health-specific training, and their job focus may not allow them to devote the care and attention needed to safely deliver health services.
2. Clerical aides who only provide clerical support to the health services program should not be expected to provide direct student health care. They require supervision by the school nurse; and in addition to general clerical training, they will need on-the-job training in such areas as school records management and confidentiality.
3. HAs, at a minimum, should have a high school diploma, current certification in CPR and first aid, and on-the-job training in such subjects as confidentiality and infection control. If the state requires a specified curriculum or certification for nursing/health assistants, HAs in schools must also meet these state regulations. Under virtually all state nurse practice acts, RNs are responsible for directing, delegating to, and supervising these UAPs.
4. LPNs and LVNs usually complete a 12-month course of study beyond high school and pass state licensure, which allows them to practice on a technical level of nursing. LPNs and LVNs can contribute to each step in the nursing process, but cannot independently assess the health status of any student or the student's environment, make a nursing diagnosis, develop a plan of care, or determine when delegation of care to a UAP is appropriate. They work in a team relationship with the registered professional school nurse. Although states may vary in both scope of practice and degree of supervision needed, virtually all state nurse practice acts require that a RN supervise these technical nurses.
5. RNs who do not meet the education and experience qualifications stipulated by the state's department of education or the school district to work as school nurses are nonetheless licensed by the state's board of nursing to practice nursing independently. The school nurse should be responsible for evaluating the outcomes of nursing services for all students, making suitable assignments to the RN, and providing supervision appropriate to the situation.

Key factors for effective and competent use of assistive personnel are role definition, adequacy of training, and appropriate delegation and supervision. School nurses, in collaboration with school and district administration, should develop clear, limited, written practice descriptions and then ensure adequate training and competency to perform identified tasks. Assistive personnel may not be required to make clinical assessments or nursing judgments or to implement nursing tasks requiring licensure. There should be written protocols for handling specific student health issues, with directions for particular signs and symptoms that must be reported to the school nurse. When the school nurse delegates responsibilities, the nurse must be available to provide direction, supervision, and immediate intervention in a situation as needed. State law, regulations, standards, and rules set by state boards of nursing may determine whether off-site supervision of assistive personnel by RNs is an option. If state-permitted, the school nurse determines when off-site supervision is safe and how frequently on-site supervision is indicated.

It is important that the following issues are considered when using assistive personnel in schools: State nurse practice acts, including but not limited to scope of practice and to licensure, delegation, and supervisory responsibilities of RNs in relationship to LPN/LVNs and to certified or registered nursing assistants.

- State nurse practice acts, including but not limited to scope of practice and to licensure, delegation, and supervisory responsibilities of RNs in relationship to LPN/LVNs and to certified or registered nursing assistants
- School nurse certification requirements under state education statutes and regulation
- Scope and standards of school nursing practice
- School district job descriptions that are legally appropriate to the level of preparation, expectations, and experience of the assistive personnel
- State and NASN staffing guidelines that consider various safe staffing mixes in relation to the health needs of the student population

**Rationale:**

The use of assistive personnel can extend the delivery of health services, but when used to replace professional health care providers, it leads to a reduced quality of care to students. For staffing or budgetary reasons, assistive personnel are a necessary adjunct to many school health services programs; and if properly trained and supervised, they can enhance services to students and increase the cost-effectiveness of the program. Staffing decisions must be based on the assistive services needed, scope of practice, competencies, the RN's legal relationship to the assistant, and the amount of time required for on- and off-site supervision. Improved staffing of health services programs seems to result in healthier children who attend school and are more available for learning. While the use of assistive personnel may be an acceptable alternative to enhance this staffing, their improper use cannot only compromise students' quality of care, but also create liability for the district and/or nurse.

**Conclusion:**

It is the position of the National Association of School Nurses that the use of assistive personnel may be appropriate to supplement professional school nursing services in certain situations, but they should never supplant school nurses nor be permitted to practice nursing without a license. The professional school nurse should take the lead in helping school districts appropriately determine whether and how to use assistive health personnel. The school nurse is the only one who is trained and capable of assessing the health needs of the student population and the only one who can legally delegate nursing activities to unlicensed persons. Appropriate nurse to assistant ratios and on-site supervision are essential for ensuring safe delivery of nursing services to students.

*Adopted June 2002*

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<http://www.nasn.org/Default.aspx?tabid=201>.

# National Association of School Nurses

## Position Statement

### Delegation

#### History

Advances in health care and technology offer greater opportunities for children with special health care needs to attend school. Considering the complexity of the care needed by these students, delegation of care by the school nurse to an unlicensed person in the school setting, if allowed by the state's nurse practice acts, can be a safe and fiscally responsible way to meet the health needs of the school community. Nevertheless, the school community must be aware that, to ensure the safety, health, and educational success of these students, there are limitations to the use of delegation.

#### Description of Issue

The incidence of chronic illnesses (e.g., asthma, diabetes, attention deficit disorder) in school-age children is increasing. In addition, complex medical problems that were at one time only managed at inpatient settings are now being managed in the community, including the school setting. Federal mandates and parental expectations that the school is indeed able to manage their child raises the demands for qualified personnel to ensure the health and safety of students with special health needs.

Delegation has been defined as "the transfer of responsibility for the performance of an activity to another, with the former retaining the accountability for the outcome" (ANA, 1994). Guidelines and standards for delegation of nursing care are further defined by each state's nurse practice act and its associated rules and regulations. Some states and territories restrict the procedures that can be delegated; others do not allow delegation at all.

Delegation of nursing care is a complex legal and clinical issue in any setting, and is especially challenging in schools. It is the school nurse who must have a clear understanding of what constitutes his or her scope of practice to ensure that state nursing practice acts are not violated, and to make certain that school health and safety are not threatened. In turn, this knowledge needs to be communicated to parents, administrators, school staff, and students to ensure they understand the legal and professional issues involved in delegation.

#### Rationale

Only a registered nurse can delegate nursing care. It is critical that the school nurse be involved in district policy development that addresses the issue of delegation of care in the school setting.

The school nurse is responsible for using professional nursing judgment to determine the appropriate level of care needed for each student, including whether or not tasks can be delegated. Once the school nurse determines that a task can indeed be delegated (based on the definition of delegation, guidelines provided by the state's nurse practice act, and assessment of the unique characteristics of the individual student needing nursing services) an appropriate delegate must be chosen.

By definition, a delegated nursing service requires that the nurse train and supervise the delegate and the health outcome of the student. The training must be documented. The documentation must reflect that the delegate understands what needs to be done and demonstrates proficiency in performing the delegated task for each student. Ongoing and regular evaluation by the registered nurse is required in accordance with state, district and/or school policy. The school nurse must take appropriate actions when the delegate is unsafe in performing delegated tasks.

**Conclusion**

The National Association of School Nurses supports appropriate delegation of nursing services in the school setting, based on the definition of delegation, guidelines provided by state nurse practice acts, guidelines provided by the school nurse consultants council and the nursing assessment of the unique needs of the individual student. Only registered nurses can delegate nursing care in the school setting. The school nurse shall be involved with the development of school district policy and procedure related to delegation of care, to promote an understanding of the complex legal and clinical issues that surround delegation of care.

The health, safety, and welfare of the student must be the primary consideration in any decision to delegate. The school nurse making such a decision must be familiar with applicable nursing standards, the state's nursing practice act, and other applicable state and federal mandates. The school nurse must also be familiar with pertinent state education, public health and pharmacy laws and regulations.

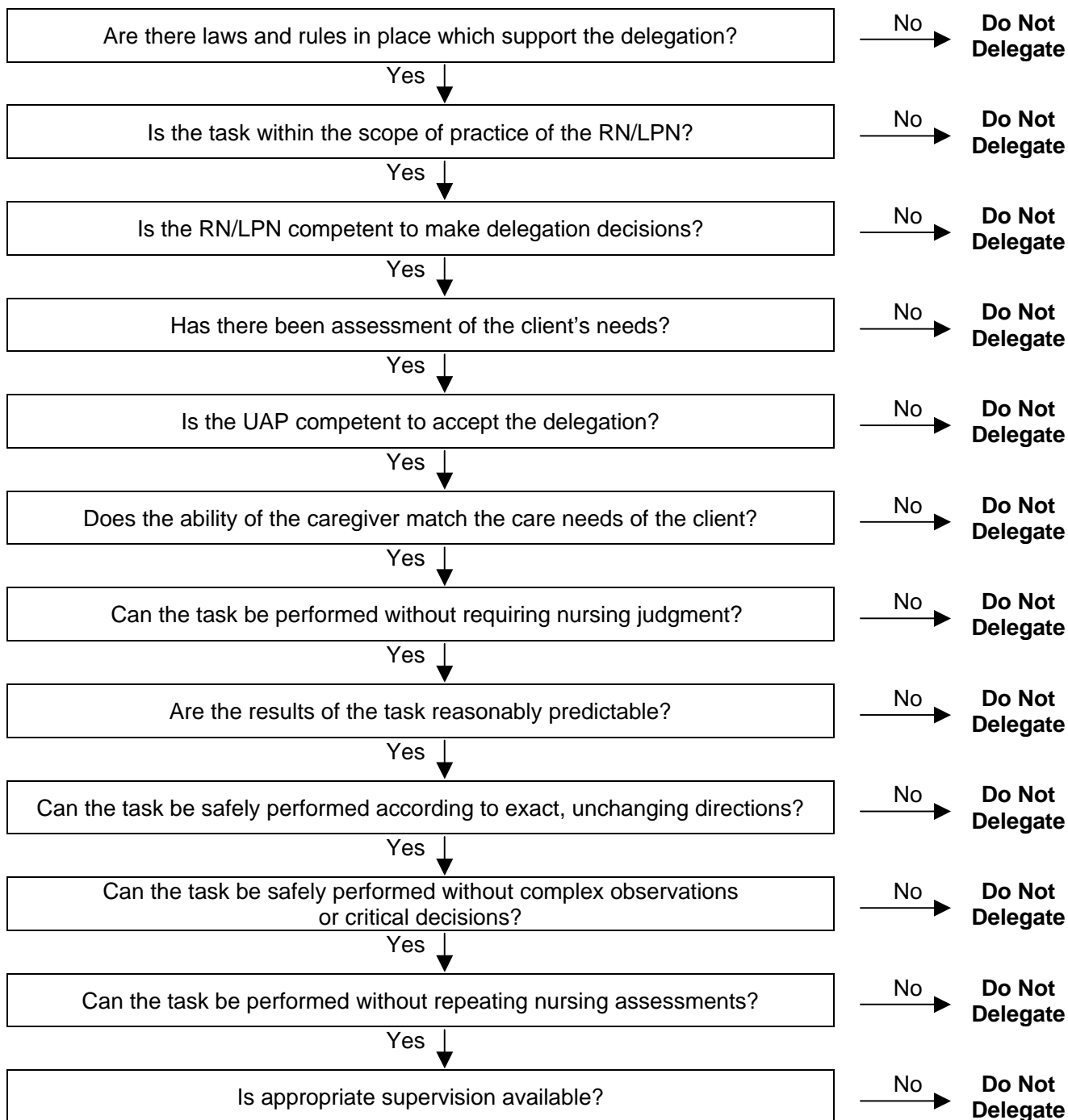
Adopted: September 1994

Revised: September 1995

Revised: October 2002

# National Council of State Boards of Nursing

## Delegation Decision Making



**Note:** Authority to delegate varies, so licensed nurses must check the jurisdiction's statutes and regulations. RNs may need to delegate to the LPN the authority to delegate to the UAP. Adapted from the Delegation Decision Tree developed by Ohio Board of Nursing.



## Technical Skills and Services to Meet the Health Care of Students in the School Setting

All students requiring technical skills and services to meet their health care needs at school should be seen by a registered nurse (RN) for assessment, planning and monitoring. In addition, those students should have a healthcare action plan written and implemented by a registered nurse. The registered nurse may be employed by the school district or contracted from an agency where nursing services are available.

When a physician's written authorization is required for specialized health care, the physician may choose to serve as a team member to develop a healthcare action plan. The procedure should not be performed at school unless clearly necessary and when it cannot reasonably be accomplished outside of school hours. Students and parent(s)/guardian(s) should inform the school personnel of techniques and procedures being used at home.

There are certain procedures that cannot be performed by an unlicensed, non-medical person. School personnel, including the nurse may need additional training for some procedures. If no registered nurse is available, a physician should determine who may safely provide care, and assure the necessary training.

The Department of Health and Senior Services, Audio Visual Resources Unit, has training videos on a number of chronic health conditions and the care required in the school setting. Commercially available procedure books also include forms on which to document the skills taught to unlicensed assistive personnel (UAPs). The caregiver, the parent(s)/guardian(s) and the nurse should all sign off on the initial training. The person delegating the care should periodically monitor the quality of the care to ensure the procedure is being followed as taught, is being documented as required, and the caregiver is reporting concerns appropriately.

The following chart (Technical Skills and Services) describes the student's health care needs and who may be considered as a caregiver for that service. A physician or registered nurse should make the determination based on an assessment of the student's health status, the complexity of the procedures and the capability of the proposed caregiver. The caregiver must be provided training and support until they feel competent to provide the care. The person delegating the care must be confident the caregiver has mastered the skills necessary. School staff have the right to refuse to provide special health care procedures, including medication administration, without jeopardizing their position [RSMo 167.621(2).]

## Appendix E.1

## Technical Skills and Services Chart

HEALTH CARE NEED	SCHOOL PERSONNEL						CIRCUMSTANCES REQUIRING NURSING JUDGEMENT	REMARKS
	RN	LPN	PT	OT	T	O*		
Personal Care 1. Dressing (Assist with clothing)	X	X	X	X	X	X		Student and parent can inform school personnel of procedure being used at home.
2. Personal Hygiene • Oral care • Nail care • Skin care • Bathing • Menstrual Hygiene	X	X	X	X	X	X	Evidence of rash, skin breakdown and/or infection.	May request personal care items from parent unless activity is called for in IEP.
3. Decubitus • Prevention • Care	X X	X X	X	X	X	X *	*RN may determine if other caregivers may provide care for decubitus if evidence of granulation and non-healing.	Prevention care to be taught by RN, OT, or PT. Requires physician's orders.
4. Positioning	X	X	X	X	X	X	Evidence of skin breakdown and/or pain on movement.	Adequate space and equipment must be available. Positioning to be taught by PT, OT, or RN.
5. Exercise (range of motion or prescribed exercise program).	X	X	X	X	X	X	Evidence of pain or restricted movement.	May require a physician order. Adaptive PE teacher should be involved.
6. Ambulation (assistance with cane, walker, wheelchair, crutches).	X	X	X	X		X		Appropriate equipment must be available. May require physician's order. Adaptive PE teacher should be involved.
7. Casts, Braces and Prostheses (observation, alignment, functioning).	X	X	X	X	X	X	Evidence of impaired circulation, infection, pain, drainage or bleeding.	
8. Use of Warm and Cold Applications.	X	X	X	X		X	Change in skin color, texture, or temperature beyond what is expected from application.	May require physician's order. Supplies and equipment must be available. Special precautions to be observed for students with diabetes, heart disease or unstable body temperatures.

**Appendix E.1 – Technical Skills (continued)**

HEALTH CARE NEED	SCHOOL PERSONNEL						CIRCUMSTANCES REQUIRING NURSING JUDGEMENT	REMARKS	
	RN	LPN	PT	OT	T	O*			
9. Measurements Temperature, Pulse and Respiration (TPR)	X	X					*	Evidence of fluctuating or abnormal TPR.	Appropriate equipment must be available.  Medications may effect changes.
Blood Pressure	X	X					*	Evidence of fluctuating BP or protocol requiring BP be taken before or after medication or treatment.	
Height/Weight	X	X	X	X	X	X	X	Evidence of frequent fluctuations or dramatic changes. Arrested growth.	
Intake/Output	X	X	X	X	X	X	X	Changes in usual patterns.	
10. Medications (Assist student)	X	X					*	Medications requiring BP, radial or apical pulse before or after medication. Medications that require nursing judgment to determine dose.	The school should have policies for medication administration, regardless of route of administration. Requires physician order (prescription) and parent authorization. Over the counter drugs require at least a parent authorization. Unlicensed personnel giving meds must be appropriately trained in specific routes of administration of medications. Training must be documented.
Oral	X	X					*	RN should provide the training	
Rectal	X	X					*	of any personnel giving	
Ophthalmic (eye)	X	X					*	medications.	
Otic (ear)	X	X					*		
Medications via gastrostomy or nasogastric tube	X	X					*	Usually not delegated. Evidence of displacement of tube, obstruction of tube, excessive vomiting or diarrhea.	Requires prescription which must specify administration via feeding tube. Nursing personnel will follow healthcare action plan for reinsertion of tube if displaced. If tubing obstructed, follow healthcare action plan.
Medication via intravenous tube (already in place)	X	X						Not to be delegated except to qualified nursing personnel.	Requires prescription.
Medications by Intramuscular or subcutaneous injection	X	X						Not to be delegated except to qualified nursing personnel. Might be given by other trained personnel in an emergency, e.g., severe allergic reaction.	Requires prescription. Unlicensed personnel giving emergency medications must be trained and the training documented appropriately.

**Appendix E.1 – Technical Skills (continued)**

HEALTH CARE NEED	SCHOOL PERSONNEL						CIRCUMSTANCES REQUIRING NURSING JUDGEMENT	REMARKS
	RN	LPN	PT	OT	T	O*		
11. Fluids – Nourishment Preparation Oral feedings	X	X	X	X	X	X	Special diets required. Evidence of change in student's oral, motor, swallowing, positioning and/or sensory abilities.	Student and parent/guardian should inform school personnel of procedures used at home.
Hyperalimentation (high calorie intravenous feedings)	X	X					May be delegated to qualified nursing personnel.	Requires prescription
Gastrostomy or Nasogastric tube feeding (tube or button in place)	X	X				*	Evidence of obstruction, malabsorption, infection at insertion site, displacement of tube, excessive vomiting or diarrhea.	Procedure requires a prescription. If feeding does not require a prescription, schools that participate in USDA school lunch program must provide formula at price of regular lunch. Nursing personnel will follow healthcare action plan for reinsertion of tube.
12. Bowel and Bladder Care (Bedpan, urinal or commode)	X	X				*	Evidence of infection and/or skin breakdown.	Appropriate equipment must be available.
Care of Incontinent student (including diapering)	X	X				*	Evidence of infection and/or skin breakdown. Bowel/bladder training may be indicated.	Parent/guardian must provide supplies and clean clothing. Is an infection control issue.
External Urinary Catheter	X	X				*	Evidence of infection or pain.	Parent/guardian provides supplies.
Clean Intermittent Catheterization	X	X				*	Evidence of infection, pain, bleeding, inability to insert catheter.	Requires physician order and parent authorization.
Indwelling Catheter	X	X				*		Student and parent inform school of procedures used at home.
Prescribed Bowel and Bladder Training	X	X				*		Parent/guardian to provide supplies.
Stoma Care	X	X				*	Evidence of skin breakdown or infection.	Parent/guardian to provide supplies.

**Appendix E.1 – Technical Skills (continued)**

HEALTH CARE NEED	SCHOOL PERSONNEL						CIRCUMSTANCES REQUIRING NURSING JUDGEMENT	REMARKS
	RN	LPN	PT	OT	T	O*		
13. Respiratory Care								
Postural drainage and/or percussion	X	X	X	X		*	Evidence of increasing respiratory distress	Requires physician order.
Spirometer (assisted deep breathing)	X					*	May be provided by respiratory therapist or delegated to qualified nursing staff. Evidence of increasing respiratory distress	
Oxygen per mask or Cannula	X					*	May be provided by respiratory therapist or delegated.	
Oxygen per nebulizer	X					*	May be provided by respiratory therapist or delegated.	
Suctioning (oral) Machine or bulb	X	X				*	Evidence of increasing respiratory distress or obstruction. Need for medication.	
Tracheostomy	X	X				*	Respiratory distress during suctioning. Evidence of bright red bleeding.	
14. Dressings								
Reinforcement	X	X				*	Excessive bleeding or discharge. Complaints of pain or discomfort.	Requires physician order. Parent/guardian provides supplies.
Clean dressing	X	X				*		
Sterile	X	X					May be delegated to qualified nursing personnel.	
15. Specimen collection (Urine, stool, sputum, blood, throat culture)	X	X				*	Evidence of infectious disease.	Requires a physician order. Is an infection control issue. Health care provider or parent/guardian provides supplies and appropriate collection container. Observe universal precautions, wearing gloves.

## Appendix E.1 – Technical Skills (continued)

HEALTH CARE NEED	SCHOOL PERSONNEL						CIRCUMSTANCES REQUIRING NURSING JUDGEMENT	REMARKS
	RN	LPN	PT	OT	T	O*		
16. Specimen testing								
Urinalysis	X	X				*	Report questionable results.	Designate personnel to monitor self-testing by student. Parent/guardian to provide supplies.
Hematocrit	X	X						
Blood Glucose monitoring	X	X				*		Requires physician order.

RN – Registered nurse

LPN – Licensed practical nurse

PT – Physical therapist

OT – Occupational therapist

T – Teachers

O – Others – Includes individual appropriately trained, as specified in healthcare action plan for student. Training of unlicensed providers may be done by an RN, PT, or OT.

\* Not usually delegated. RN makes decision regarding training and supervision of other personnel.

If another type of specialized procedure is required by a student in the school setting, the student/family, student's physician and school staff, including the registered nurse, will jointly determine who can best provide the care.

## Competencies of Personnel Providing Health Services in Schools

In exploring the provision of health-related services in schools, it is necessary to outline the competencies of the individual providing the care. This is necessary not only from a legal, but from an ethical standpoint. The following provides a summary of these competencies.

### Registered Nurse

- A. The nurse must have a current license in good standing to practice as a registered nurse in the State of Missouri.
- B. Performance of professional nursing services means the performance of both independent nursing functions and delegated medical and dental functions that require specialized knowledge, judgment and skill and as governed by the Missouri Nurse Practice Act.
- C. The professional nurse has an ethical and legal responsibility to provide care according to the code of ethics and the Nurse Practice Act.
- D. Special competencies of the registered nurse include, but are not limited to, the ability, knowledge and skill to perform the following activities:
  1. ASSESSMENT
    - a) Obtain health information from health care providers;
    - b) Determine the depth to which the health assessment is required for each individual student;
    - c) Use physical assessment skills in determining the current health status of the student;
    - d) Interpret health history information, medical reports, nursing observations and test results;
    - e) Determine the importance of the health information and its impact on the educational process; and
    - f) Make specific recommendations regarding care.
  2. PLANNING
    - a) Develop a health care plan to meet the student's individual health needs in the school setting; and
    - b) Collaborate with school personnel, student, parents and primary care provider to develop this plan.
  3. IMPLEMENTATION AND EVALUATION
    - a) Coordinate all medical contacts, referrals and interpretation of medical data;
    - b) Manage the health care plan for the student's special needs in the school setting;
    - c) Provide direct health care services for the student when appropriate and if properly trained;
    - d) Develop procedures and provide training for others providing care;
    - e) Monitor the health services provided by other school personnel;
    - f) Make recommendations to modify the school program to meet the student's health care needs;
    - g) Provide health consultation/health education/health promotion to the student and family;
    - h) Act as a liaison between school, community health care providers, parent and student; and
    - i) Periodically evaluate the health care plan and set new goals and objectives to meet the student's current needs.

## **Other School Personnel Providing Health-Related Services in School Settings**

- A. Professionals certified by the Missouri Department of Elementary and Secondary Education should follow the standards of their profession in relation to their involvement in the health care plan.
- B. Non-certified school personnel are identified as those functioning under the direction of the principal, with consultation with the school nurse. This category would include secretaries, health aides, teacher aides, etc. This group is referred to as unlicensed assistive personnel (UAP). Licensed practical nurses must be supervised by a registered nurse or a physician.

Qualifications of these UAPs include, but are not limited to:

- Is currently trained in first aid and CPR;
- Participates in training and mastery evaluation of skills;
- Is dependable and reliable when working within the confines of guidelines and health care plans;
- Uses discretion and respects confidentiality of information;
- Exercises good judgment and requests additional assistance when necessary; and
- Provides designated health care services, within the individual's ability and training, for the student as identified in the plan and monitored by the registered nurse.

# Emergency Action Plan

<b>Emergency Action Plan Period</b> to <b>Review Date</b>	<b>EMERGENCY ACTION PLAN</b>
<b>I. IDENTIFYING INFORMATION</b>	
Student Name	Birthdate
Primary Physician	Phone
Specialist Physician	Phone
Preferred Hospital	Allergies
<b>II. STUDENT-SPECIFIC INFORMATION</b>	
If you see this . . .	Do this . . .
<b>IF AN EMERGENCY OCCURS</b>	
<ol style="list-style-type: none"> <li>Stay with the student or designate another adult to do so.</li> <li>Call or designate someone to call the school nurse and/or principal or building administrator. <ol style="list-style-type: none"> <li>State who you are.</li> <li>Where you are located (school, location in building).</li> <li>Nature of the problem.</li> </ol> </li> <li>The nurse will assess the child and determine whether the emergency plan should be implemented.</li> <li>If the nurse is unavailable, the following staff members are trained to deal with this emergency, and to initiate the emergency plan. If situation appears to be life threatening, call 911.</li> </ol>	
Staff Member(s)	Location



Transportation Plan Period from _____ to _____ Review date _____	<b>TRANSPORTATION PLAN FOR STUDENT WITH SPECIAL HEALTH CARE NEEDS</b>
<b>I. ADAPTATIONS/ACCOMMODATIONS REQUIRED</b>	
_____ Transportation Aide _____ Bus Lift _____ Seat Belt _____ Special Restraint _____ Wheel Chair tie down _____ Space for equipment: specify _____ _____	
<b>II. POSITIONING OR HANDLING REQUIREMENTS</b>	
_____ None _____ Describe     	
<b>III. BEHAVIOR CONSIDERATIONS</b>	
_____ None _____ Describe     	
<b>IV. TRANSPORTATION STAFF TRAINING</b>	
Training has been provided to drivers and substitute driver(s). _____ yes _____no  Describe training provided         Date training completed _____	

## Appendix E.4 (continued)

[illegible]

**Appendix E.5**

<b>STUDENT ACCOMMODATION PLAN</b> Period From _____ To _____ Review date _____	<b>SECTION 504 ACCOMMODATION PLAN</b>													
Name _____ Birthdate _____ School _____ Grade _____ Date of Plan Meeting _____														
Describe the nature of the concern which results in an unequal educational opportunity due to a handicapping condition:														
Describe the basis for determination of a handicapping condition:														
Describe the reasonable accommodations that are necessary:														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">Participants</th> </tr> <tr> <th style="text-align: center;">Name</th> </tr> </thead> <tbody> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> </tbody> </table>	Participants	Name						<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">Title</th> </tr> </thead> <tbody> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> <tr><td> </td></tr> </tbody> </table>	Title					
Participants														
Name														
Title														



## Appendix E.6

## Sample Individualized Healthcare Plan Adolescent Pregnancy

Assessment Data	Nursing Diagnosis	Student Goals	Interventions	Outcomes										
Female, 15 years-of-age with possible pregnancy LNMP 8/30/04 “morning sickness”  BMI >95th percentile  Verbalizing feelings of low self-esteem, hopelessness, embarrassment, anxiety related to situation.	Decisional Conflict (NANDA) r/t possible pregnancy and parental response	Student will disclose pregnancy to parents and seek medical care for pregnancy	Decision Making Support (NIC 5250) <ul style="list-style-type: none"><li>• Provide information</li><li>• Facilitate collaborative decision making</li><li>• Serve as a liaison between student and family</li><li>• Refer to support group, as appropriate</li></ul>	<b>Indicator:</b> Makes independent decisions: <table><tr><td>Never</td><td>1</td></tr><tr><td>Rarely</td><td>2</td></tr><tr><td>Sometimes</td><td>3</td></tr><tr><td>Often</td><td>4</td></tr><tr><td>Consistently</td><td>5</td></tr></table>	Never	1	Rarely	2	Sometimes	3	Often	4	Consistently	5
	Never	1												
	Rarely	2												
Sometimes	3													
Often	4													
Consistently	5													
Altered nutrition < body requirements (NANDA1.1.2.2) r/t possible pregnancy and fear of disclosure	Student will accept responsibility for proper nutrition to support pregnancy	Nutritional Counseling (NIC 1D 5246) <ul style="list-style-type: none"><li>• Monitor food intake and eating habits</li><li>• Establish short and long-term goals for diet change</li><li>• Facilitate diet needs at school</li></ul>	<b>Indicator:</b> Complies with diet: <table><tr><td>Never</td><td>1</td></tr><tr><td>Rarely</td><td>2</td></tr><tr><td>Sometimes</td><td>3</td></tr><tr><td>Often</td><td>4</td></tr><tr><td>Consistently</td><td>5</td></tr></table>	Never	1	Rarely	2	Sometimes	3	Often	4	Consistently	5	
Never	1													
Rarely	2													
Sometimes	3													
Often	4													
Consistently	5													
Chronic Self esteem disturbance (NANDA 7.1.2.1) r/t physical appearance (obesity and acne)	Student will identify personal strengths and reduce emphasis on personal appearance.	Self Esteem Enhancement (NIC 3R-5400) <ul style="list-style-type: none"><li>• Monitor student’s statements of self-worth (nurse/staff).</li><li>• Reinforce student’s positive aspects at each encounter (nurse/school staff).</li><li>• Facilitate an environment and activities to increase self-esteem.</li><li>• Explore reasons for self-criticism.</li><li>• Reinforce the personal strengths identified by student.</li></ul>	<b>Indicator:</b> Description of self in positive terms: <table><tr><td>Never</td><td>1</td></tr><tr><td>Rarely</td><td>2</td></tr><tr><td>Sometimes</td><td>3</td></tr><tr><td>Often</td><td>4</td></tr><tr><td>Consistently</td><td>5</td></tr></table>	Never	1	Rarely	2	Sometimes	3	Often	4	Consistently	5	
Never	1													
Rarely	2													
Sometimes	3													
Often	4													
Consistently	5													

(Reflects nursing diagnosis, interventions, and outcomes language, with reference to assigned classifications)



**Appendix E.7**

Health Care Plan Period _____ to _____ Review date _____	<b>INDIVIDUALIZED HEALTHCARE ACTION PLAN</b>
<b>I. IDENTIFYING INFORMATION</b>	
Student's name _____	School _____
Birthdate _____	Teacher _____
Age _____	Grade _____

**CONTACTS**

<b>PARENT/GUARDIAN</b>	
Mother's name _____	Home Phone _____
Address _____	Work Phone _____
Father's name _____	Home Phone _____
Address _____	Work Phone _____
<b>PHYSICIAN</b>	
Physician _____	Phone _____
Address _____	
<b>HOSPITAL</b>	
Hospital Emergency Room _____	Phone _____
Hospital Address _____	Phone _____
<b>EMERGENCY MEDICAL SERVICES</b> _____	

<b>II. MEDICAL OVERVIEW</b>
Medical Condition _____ Any Known Allergies _____
Medications _____
Possible side effects _____
Health care procedures needed at school _____
_____

### III. OTHER SIGNIFICANT INFORMATION

- ☐ Emergency Action Plan on file
- ☐ Individual Health Plan on file

### IV. BACKGROUND INFORMATION/NURSING ASSESSMENT

Brief Medical History

Special Health Care Needs

Social/Emotional Concerns

### V. HEALTHCARE ACTION PLAN

Attach physician's order and protocol for any specialized procedure.

#### Student specific procedures/interventions

Procedure	Performed by	Equipment	Maintained by	Authorized/ trained by

V. HEALTHCARE ACTION PLAN (cont.)		
Medications		
Dietary Needs		
Transportation Needs		
Classroom/School Modifications (including adaptive PE)		
Equipment – list necessary equipment/supplies	Provided by parent	Provided by school
<input type="checkbox"/> None required		
Safety measures		
Substitute/Back up (when primary caregiver is not available)		
Possible problems to be expected when performing procedure(s)		
Emergency Plan _____ Transportation Plan _____		

**Appendix E.7 (continued)**

**VI. DOCUMENTATION OF PARTICIPATION**

We have participated in the development of the Healthcare Action Plan and agree with its contents.

Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_ Administrator or Designee

\_\_\_\_\_ Parent

\_\_\_\_\_ Nurse

\_\_\_\_\_ Teacher

\_\_\_\_\_

\_\_\_\_\_

**VII. PARENT AUTHORIZATION FOR SPECIAL HEALTH SERVICES**

We (I), the undersigned who are the parent(s)/guardian(s) of \_\_\_\_\_  
 Birthdate \_\_\_\_\_, request and approve this Healthcare Action Plan. We (I), understand that a qualified person(s) will be performing the health care service. It is our understanding that in performing these services, the designated person(s) will be using the attached special care procedure protocol which has been approved by the student's physician and health care team.

We (I) will notify the school immediately if the health status of \_\_\_\_\_  
 changes, if we change physicians, or there is a change or cancellation of the procedure order.

We (I) agree to provide the following, if any: medication, medication equipment and supplies and dietary supplements requiring a prescription.

\_\_\_\_\_  
*(Parent Signature)*

Date \_\_\_\_\_

\_\_\_\_\_  
*(Parent Signature)*

Date \_\_\_\_\_

# Care of Equipment

## Definitions

Care of implies looking after or dealing with something or someone.

Equipment is something material with which a person, organization or entity is equipped, i.e., the instruments, apparatus or things required for a particular job or purpose.

## Purpose

- To ensure the equipment will function when needed by the student for routine care or in an emergency;
- To minimize the risk of infection from equipment shared by several students; and
- To reduce the risk of infection by repeated use of equipment by the same student.

1. Obtain the manufacturer's instructions from the supplier or the parent/guardian.	<ul style="list-style-type: none"> <li>• Make two copies; keep one in your building file, keep the other in a resealable bag attached to the piece of equipment.</li> </ul>
2. Become very familiar with the equipment in order to be effective in an emergency.	<ul style="list-style-type: none"> <li>• Arrange for a knowledgeable person to provide a demonstration. This might be the therapist, family member, home care provider, hospital staff, manufacturer's representative, pharmaceutical sales person and/or the physician.</li> </ul>
3. Make sure all supplies are on hand.	<ul style="list-style-type: none"> <li>• Arrange for the family to provide any specialized cleaning supplies, any special tools (odd-sized screw drivers, wrenches, etc.), and spare parts (tubing, nuts, bolts, screws, spare glass suction bulbs, bottles, etc.).</li> </ul>
4. Keep parts and equipment in a labeled resealable plastic bag with the equipment.	<ul style="list-style-type: none"> <li>• If it must be stored separately, attach a note to the equipment giving location of bag.</li> </ul>
5. Maintain a current list of local suppliers of oxygen, IV equipment, odd-sized hardware.	<ul style="list-style-type: none"> <li>• Keep this list, as well as a notation about an individual student's supplier because you may need a second source in an emergency.</li> </ul>
6. Work with the classroom teacher to establish a clean area for student's extra clothing and supplies.	<ul style="list-style-type: none"> <li>• This is separate from personal care items and soiled items that will be sent home with student.</li> </ul>
7. Recommend each person working with the student wash the equipment with soap and water, rinse, disinfect, rinse and dry after each use.	<ul style="list-style-type: none"> <li>• Refer to Standard Precautions regarding care of equipment and surfaces, etc.</li> </ul>
8. Work with the building administrator and custodian to have the bathrooms and large surfaces cleaned and disinfected daily and as needed.	<ul style="list-style-type: none"> <li>• Refer to Standard Precautions.</li> </ul>
9. Determine who will prepare any disinfectant solution(s), how often, and where they will be stored.	<ul style="list-style-type: none"> <li>• This should be decided on a building level, usually by the custodian.</li> </ul>
10. Work with the custodian to maintain a supply of plastic bags and disposable gloves.	<ul style="list-style-type: none"> <li>• Place a supply in each classroom and work area.</li> </ul>
11. Obtain at least one covered, puncture-resistant container to be used to discard sharp items that might be contaminated with body fluids.	<ul style="list-style-type: none"> <li>• Refer to district exposure control plan. A sharps container should be available in each building. Follow school district/local community health policy on disposal of sharps container when full.</li> </ul>
12. Provide instruction for proper care of used needles and other supplies possibly contaminated with body fluids.	<ul style="list-style-type: none"> <li>• All staff should receive instruction on blood-borne pathogen exposure control and Standard Precautions on an annual basis.</li> </ul>
13. Assign a specific person to assure maintenance of any equipment used for special care procedures.	<ul style="list-style-type: none"> <li>• Individual should maintain a log of cleaning and maintenance of equipment.</li> </ul>



## Sample Letter to Physician Regarding Healthcare Action Plan

(Date)

Dear Dr. \_\_\_\_\_:

The \_\_\_\_\_ school district has been asked to provide specialized health care for your patient, \_\_\_\_\_, date of birth \_\_\_\_\_.

If it is essential that this procedure be provided during school hours, we will need a written order on file in the student's health record.

Attached is a tentative health care plan for this student, including a description of a standardized procedure. Please review these materials, and the procedure guidelines, make written comments and provide the requested information to guide us in providing a safe environment. We will incorporate your comments and make adjustments in the procedure as directed by you. Services will begin when we have the necessary orders and adequately trained personnel in place.

Please feel free to contact \_\_\_\_\_, who is assuming responsibility for the management of the student's health needs in our school. She (he) can be reached at \_\_\_\_\_ (add best time to call, if this is pertinent).

Sincerely,

Administrator or School Nurse

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Source: Pages A-29 through A-76 were taken from the "Manual for School Health Programs" (June 2005). Missouri Department of Elementary and Secondary Education and Missouri Department of Health and Senior Services. Retrieved from the Web June 29, 2006.

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